

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Campaign HQ</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2020
Mailing Address PO Box 257		Amount 18705.88
City Brooklyn	State IA	Zip Code 52211
Purpose of Expenditure Phone Calls	Category/ Type	Transaction ID : SE.21958 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2020
Name of Federal Candidate TILLIS, THOM R. SEN., , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Campaign HQ</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2020
Mailing Address PO Box 257		Amount 18705.87
City Brooklyn	State IA	Zip Code 52211
Purpose of Expenditure Phone Calls	Category/ Type	Transaction ID : SE.21959 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2020
Name of Federal Candidate CUNNINGHAM, CAL, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37411.75
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 13 / 2020

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	

Full Name of Payee <b>Tradewinds Consulting, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount 1275.26		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.21956		
Purpose of Expenditure Printing / Production / Postage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2020		
Name of Federal Candidate CUNNINGHAM, CAL, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Tradewinds Consulting, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount 1275.27		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.21957		
Purpose of Expenditure Printing / Production / Postage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2020		
Name of Federal Candidate TILLIS, THOM R. SEN., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2550.53
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	39962.28

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 10 / 13 / 2020

Signature